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CONFIRMATION NO. 2375

<b>SERIAL NUMBER</b> 10/647,501	<b>FILING OR 371(c) DATE</b> 08/25/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1616	<b>ATTORNEY DOCKET NO.</b> 01139/3/US
<b>APPLICANTS</b> Carl T. Allenspach, Chicago, IL; Sreekant R. Nadkarni, Gurnee, IL; Daryl A. Roston, Norman, OK; Brian R. Rohrs, Scotts, MI; Roxana F. Schlam, Highland Park, IL;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/407,212 08/30/2002 and claims benefit of 60/479,584 06/18/2003 <i>Yes SA</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>None SA</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 11/18/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>SA</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 29
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 26648				
<b>TITLE</b> Pharmaceutical composition exhibiting consistent drug release profile				
<b>FILING FEE RECEIVED</b> 1042	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	